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Name of Person Making Nicole Barrese

Signature: *Nicole Barrese*  
12/16/2004

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PAGES ATTACHED

9

Re Applic of	Bolde et al.
Docket No.	FIS920030222US1
Serial No.	10/604,150
Filing Date	6/27/2003
Attorney	Lisa U. Jaklitsch

**Attached: Amendment Transmittal Letter, Amendment****PLEASE DELIVER TO:**

EXAMINER: Tai V. Nguyen

ART UNIT: 3729

PHONE NO: 703-308-1791

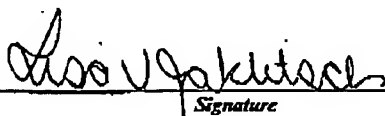
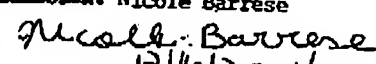
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s):				FIS920030222US1	
Application No. 10/604,150	Filing Date 6/27/2003	Examiner Tai V. Nguyen	Customer No. 32074	Group Art Unit 3729	Confirmation No. 1149
Invention: <b>FLEXIBLE DIE REMOVAL DEVICE</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	20	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1	3	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p><p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p><div style="margin-top: 20px;"> _____ Signature</div></div><div style="flex: 0.5; text-align: right; padding-right: 20px;"><p>Dated: 12-16-2004</p></div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Lisa U. Jaklitsch Registration No. 45,168 Telephone No. (845) 894-3338 Fax No. (845) 892-6363</p></div><div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"><p><b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b></p><p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below:</p><p>Date of Transmission: 12-16-2004</p><p>Name of Person Making Transmission: Nicole Barrese</p><p>Signature:  12/16/2004</p></div></div> <div style="margin-top: 20px;">cc: _____</div>					

10/604,150

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I hereby certify that this paper and fee are being TRANSMITTED VIA FACSIMILE TO: Assistant Commissioner for Patents, P. O. Box 1450, ALEXANDRIA, VA 22313-1450. Date of Deposit: 12-16-2004 Name of Person Making Deposit: Nicole Barrese

Signature

Nicole Barrese 12/16/2004

**In the United States Patent and Trademark Office****Date:** 12/16/2004**In re Application** Bolde et al.**Filed:** 6/27/2003**of:****For:** FLEXIBLE DIE REMOVAL DEVICE**Serial Number:** 10/604,150**Confirmation No.**

1149

**Art Unit:** 3729**Examiner:** Tai V. Nguyen**AMENDMENT**

Hon. Commissioner of Patents and Trademarks  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 17, 2004, Applicants submit the following amendments and remarks: